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2012 Regional Forums
Proposed Statewide Benchmarks for School Readiness Indicators

In June 2012, eight Regional Forums were held across the state to solicit feedback from First Things First Regional Partnership Council Members on the proposed statewide benchmarks for the 10 School Readiness Indicators for 2020. Fifty-six Regional Partnership Council Members participated in the forums, along with First Things First staff. The forums provided an overview of the benchmarking process, informed participants of who served on the sub-committees that proposed the statewide benchmarks and the timeline for the Policy and Program Committee who will forward their final recommendations to the First Things First Board in August 2012. Participants were also initially briefed and provided an opportunity to discuss the process for selecting regional level benchmarks, which will begin in fall 2012.

Comments and questions from participants at the forums on the proposed benchmarks for each of the 10 School Readiness Indicators are as follows (underlined sections of Indicators means a proposed language revision):

1. **#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical:**

   - Attendees understood the rationale and the process being used to determine this benchmark but the discussion was on how they could determine progress regionally if there is not any data or won't be any data for a few years.

   - What tools will be used to assess? There was significant discussion on how the kindergarten readiness assessment tool would be applied to dual language speakers and how it will consider issues of poverty and disparities especially in tribal regions. Suggestions to consider other data such as the rate of retention of children in kindergarten.

   - Need to consider additional key measures as some regions do not have Quality First (QF). Factor in measures such as high school graduation rates, incarceration rates and unemployment.

   - There is concern that the timeline to obtain baseline data for this indicator is too long and that baseline parameters are needed now.

   - Concern about the developmental appropriateness of using a kindergarten entry assessment (or some type of assessment tool), and how results from such an assessment will be used to keep children out of kindergarten or to label them.

   Benchmark 2020:
   - To be determined

2. **#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars:**

- There was a general discussion about QF and funding constraints and how they were 'forced' to fund it after the state level funding was cut. There is finite funding for the QF program, so how many providers will have access to be 3–5 stars by 2020?

- 10 – 20% increase by 2020 is a very small increase over the current baseline.

- There are very few providers with 3 star ratings and above right now.

- It was important to discuss the nominator and denominator for this indicator. Asked if all children in child care should be considered in the denominator?

- Consider giving QF ratings to accredited schools without cost/assessments.

- Need to determine if this is a static measure, i.e., existing pool of children in QF centers/homes vs. overall number of children in the state with increased access. Consider also measuring number of slots with increased access.

Benchmark 2020:

- Increase by 10-20% over baseline the #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
    - Numerator: # of AZ children in regulated ECE centers and homes with Quality First 3-5 Star Rating
    - Denominator: # of AZ children in regulated early care and education centers and homes

3. **#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars:**

- Benchmark to increase by 1% by 2020 is not enough. Recommendations are for a 3-5% increase.

- Consider how data on non-regulated special education classrooms (on public school campuses) can be captured for this indicator.

- Not enough 3–5 star providers.

Benchmark 2020:

- Increase by 10-20% over baseline #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
    - Numerator: # of AZ children with special needs/rights in regulated ECE centers and homes with Quality First 3-5 Star Rating
    - Denominator: # of AZ children with special needs/rights in regulated early care and education centers and homes

4. **#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars:**

   - There was discussion about how median income was going to be measured and how accurate it would be.

   - Because of income disparities within regions, how will that be used for comparison of median income within varying sized communities?

   - Need more providers at 3–5 star ratings to make this indicator meaningful.

   Benchmark 2020:
   - Maintain the #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars

5. **% of children with newly identified developmental delays during the kindergarten year:**

   - Considerable discussion at all forum sessions on how the wording for this indicator is still not correct. What is this measure really trying to tell us and what is the desired outcome? Reconsider and then draft the indicator and benchmark.

   - There is still uncertainty about First Things First's role in early intervention (IDEA, Part C and Part B systems).

   - There is also concern that we would never be able to get data that is accurate which reflects what we were hoping to accomplish. Regions might be able to measure progress within their boundaries even if it was not applicable at the state level. Consider other data sources; home visiting programs, pediatricians, Indian Health Services Maternal Child clinics, public health nurses, etc.

   - Consider not only number screened or not screened, but also the number of children who actually received services.

   - If the Arizona Early Intervention Program is not well-established in a particular region/area, that data will not be reflective in some rural and tribal communities.

   Benchmark 2020:
   - Indicator language to be re-evaluated in FY 2014, and benchmark established at that time. Will use key measures in the interim.

6. **#/*%* of children entering kindergarten exiting preschool special education to regular education:**

- There was agreement that this would be reasonable but some stated that it would not be reflective of all kids who come into kindergarten from special education because of migration into the area from other states.

- How can data be captured on children with special needs enrolled in private schools?

Benchmark 2020:

- To be determined based on the examination of Arizona Department of Education data (recommended denominator is number of children age 3-5 enrolled in Part B services pre-kindergarten programs)

7. **#/% of children *age 2-4* at a healthy weight (Body Mass Index-BMI):**

- There seemed to be agreement with this process and the measures for this indicator. Concerned about the disparity of data in tribal communities and suggested that tribal Women, Infants and Children Program (WIC), Indian Health Services (IHS), Inter-Tribal Council of Arizona (ITCA) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program data was included.

- Consider data for 5-12 year old age range and trending data over age span.

Benchmark 2020:

- 70 – 75% of children age 2-4 at a healthy weight (BMI)

8. **#/% of children receiving *at least six well child visits within the first 15 months of life*:**

- There was considerable agreement with this benchmark and the key measure. The complexity of the well child visits was discussed but most felt that the benchmark was a good reflection of the indicator.

- Consider including data from Indian Health Services (IHS) and insurance companies.

Benchmark 2020:

- 75 – 80% of children receiving at least six well-child visits within the first 15 months of life

9. **#/% of children age 5 with untreated tooth decay:**

- There was general agreement with this benchmark even though they expressed regret and not being able to aspire to greater progress on this measure. They felt that reaching a benchmark of 32-34% by 2020 is "insufficiently aspirational".

- Need to include information from Indian Health Services (IHS).

Benchmark 2020:

- 32%-34% of children age 5 with untreated tooth decay

10. **% of families who report they are competent and confident about their ability to support their child's safety, health and well-being:**

- There was general agreement and some discussion on the concepts being considered for this indicator and understanding the complexity of measuring it.

- Consider including child abuse and neglect data.

Benchmark 2020:

- The Family and Community Survey is designed to measure many critical areas of parent knowledge, skills, and practice related to their young children. There are questions on overall knowledge of the importance of early childhood, questions which gauge parent knowledge of specific ages and stages, parent behaviors with their children, as well as parent practices related to utilization of services for their families. The survey contains over sixty questions, many of them exploring multiple facets of parenting. This survey is complex because parenting is complex and requires many skills and extensive knowledge. It is critical however, that this early childhood indicator be one, clear number that represents a composite of critical parent knowledge, skills, and actions. It is recommend that specific skills and practices (such as TV watching and knowledge of specific ages and stages) be monitored as key measures. The benchmarks that the early learning and family support subcommittee worked on related to specific skills and practices will be the basis of those key measures. It is also recommend that once all the data from the 2012 Family and Community survey are received and analyzed, that a composite measure, which reflects multiple facets of parent knowledge, skills, and practice, be recommended. These results are anticipated in August 2012.

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #1:	**#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical**
Intent:	Increase the number of children with equal opportunity to be successful in school and close the achievement gap before kindergarten entry

Data sources considered:

- To be determined: Currently the Arizona Department of Education (ADE), Head Start and First Things First are working with a task force convened by ADE to define school readiness in Arizona. Further, ADE, FTF and the Governor's Office are in discussion about an Arizona kindergarten developmental inventory that would be administered at the beginning of the kindergarten year to measure areas of school readiness.

Data sources recommended for Benchmark:

- To be determined: Possibly an Arizona kindergarten developmental inventory or entry assessment

Baseline:

- To be determined

Trend line:

- To be determined

Benchmark 2020:

- To be determined

Key Measures to Monitor (sub-measures):

- As recommended until data is available and a benchmark is determined:
  - Use measure for Indicator #2:
    - number of children enrolled in Quality First programs with rating of 3-5 stars

Other recommendations and considerations:

- It is likely that this benchmark will not be determined until at least 2016 due to the importance of determining the appropriate tool and method to measure school readiness. Also, the process to identify or develop such a tool, obtain approval from governing bodies, determine method for data collection and use, and then provide professional development for teachers using the tool will require several years to ensure a successful implementation.
- Concern about the developmental appropriateness of using a kindergarten entry assessment (or some type of assessment tool), and how results from such an assessment will be used to keep children out of kindergarten or to label them.
- Are there additional key measures to use in the interim?

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #2:	**#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars**
Intent:	Increase the number of children with access to affordable high quality early learning programs

Data sources considered:

- First Things First Quality First Rating data
- Child Care Resource and Referral (CCR&R) database
- Head Start – Program Information Report
- Market Rate Survey 2010 (Department of Economic Security)

Data sources recommended for Benchmark:

- First Things First Quality First Rating data collected annually

Baseline:

- To be determined from examination of First Quality First Rating data when available in 2013

Trend line:

- Preliminary Quality First Rating data shows improvement in Environmental Rating Scale scores from initial to progress assessment

Benchmark 2020:

- Increases by 10-20% over baseline the #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
    - Numerator: # of AZ children in regulated ECE centers and homes with Quality First 3-5 Star Rating
    - Denominator: # of AZ children in regulated early care and education centers and homes

Key Measures to Monitor (sub-measures):

- As recommended:
    - # of regulated homes/centers at each rating level
    - # of children in regulated homes/centers at each rating level
    - # of slots in Quality First homes/centers
    - # of enrolled programs improving quality (moving up rating scale)
    - # of programs enrolled in Quality First

Other recommendations and considerations:

- None at this time

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #3:	**#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars**
Intent:	Increase in the number of children with special needs/rights who enroll in high quality inclusive regulated early learning programs

Data sources considered:

- First Things First Quality First database

Data sources recommended for Benchmark:

- First Things First Quality First data collected annually

Baseline:

- To be determined from examination of First Quality First rating data when available in 2013

Trend line:

- To be determined from examination of First Quality First rating data when available in 2013 and beyond

Benchmark 2020:

- Increase by 10-20% over baseline the #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
    - Numerator: # of AZ children with special needs in regulated ECE centers and homes with Quality First 3-5 Star Rating
    - Denominator: # of AZ children with special needs/rights in regulated early care and education centers and homes

Key Measures to Monitor (sub-measures):

- As recommended:
    - # of regulated homes/centers at each rating level
    - # of children with special needs/rights in regulated homes/centers at each rating level
    - # of slots available for children with special needs/rights in regulated homes/centers
    - #/% of children with special needs in total population age birth to age 5
    - # of AZ children with special needs in regulated early care and education centers and homes participating in Quality First

Other recommendations and considerations:

- Children with special needs/rights are defined as those with an Individualized Family Service Plan (IFSP), and Individualized Education Program (IEP), or a 504 Plan.

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #4:	**#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars**
Intent:	Increase the number of families that can afford high-quality early learning programs by reducing the tuition cost per child so that it is no higher than 10% of the regional median family income

Data sources considered:

- First Things First Quality First database
- Arizona Market Rate Survey (Department of Economic Security)
- Quality First Scholarship database
- National cost of care data (National Association of Child Care Resource & Referral Agencies – NACCRRA)

Data sources recommended for Benchmark:

- Arizona Market Rate Survey
- NACCRRA (new name is Child Care Aware)
- CCR&R
- Quality First Rating and Scholarship database

Baseline:

Arizona Market Rate Survey and Quality First Rating data when available in 2013

- Current family payment % varies from under 10% for high income families to over 30% for lower income families
- Denominator: # of AZ families with children enrolled in regulated early care and education centers and homes

Trend line:

- No trend line available

Benchmark 2020:

- Maintain the #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars

Key Measures to Monitor (sub-measures):

- None recommended:

Other recommendations and considerations:

- The baseline should be maintained because as quality increases, the cost to maintain that quality level also is increased, so as costs increase, it is important to maintain the #/% of families that pay no more than 10% of the regional median income for a quality program.

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #5:	**% of children with newly identified developmental delays during the kindergarten year**
Intent:	Decrease the number of children who are not screened and identified with developmental delays until after they have already entered their kindergarten year

Data sources considered:

- Arizona Early Intervention Program (AzEIP)
- Arizona Health Care Cost Containment System (AHCCCS)
- First Things First Developmental Screening Grantee data

Data sources recommended for Benchmark:

- Arizona Early Intervention Program (AzEIP) data collected annually
- Arizona Department of Education data collected annually

Baseline:

- After considerable discussion in the FTF sub-advisory committee meetings, it was determined that there is not enough data from AZEIP or other data sources that can be used to determine a baseline measure for this indicator as written at this time.

Trend line:

- To be determined in 2014

Benchmark 2020:

- Indicator language to be re-evaluated in 2014, and benchmark established at that time. Will use key measures in the interim.

Key Measures to Monitor (sub-measures):

- #/% of children 0-35 months receiving developmental and sensory screening and receiving EI services per year (reported annually to the federal government)
- #/% of children exiting Part C and transitioning into Part B services with an IEP plan by age 35 months (reported annually as a State Level Performance measure for Part B).

Other recommendations and considerations:

- Use of the term "developmental delay" is not intended as a narrowly defined eligibility category; rather it includes the categories of preschool moderate or severe delay in cognitive, physical, communication, social/emotional or adaptive development, and preschool speech language delay. It is also likely that this indicator will initially trend upward as awareness increases about the importance of early identification and intervention.
- The sub-committee initially recommended changing the language of the indicator to capture the #/% of children receiving developmental and sensory screenings. However, developmental screening occurs in many varied settings and programs and these screenings are not necessarily captured in the AzEIP data system. Further development for capturing this data are underway currently but will not be available until 2014.
- After staff discussions with potential sources of data it was determined that there is still not enough data to set a benchmark for this indicator at this time, even if the indicator language was modified.
- Recommend that Indicator #5 language not be revised at this point given the changes in the PART C service delivery system in 2013, the development of a new data base to track the program and further statewide assessment of the entire early intervention system.

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #6:	**# of children entering kindergarten exiting preschool special education to regular education**
Recommended Change:	**#/% of children entering kindergarten exiting preschool special education to regular education**
Intent:	Increase the number of children who transition to kindergarten without an identified special need due to timely screening, identification and delivery of effective intervention services prior to their kindergarten year

Data sources considered:

- Arizona Department of Education (ADE) Individuals with Disabilities Education Act (IDEA) Part B
- Bureau of Indian Education (BIE) Family and Child Education Program (FACE)
- Indian Health Services

Data sources recommended for Benchmark:

- Arizona Department of Education data collected annually

Baseline:

- ADE Data:
  - 14% of children served in preschool special education in 2010-2011 exited to kindergarten regular education in 2011-2012

Trend line:

- ADE Data:
  - 15% of children served in preschool special education in 2008-2009 exited to kindergarten regular education in 2009-2010
  - 15% of children served in preschool special education in 2009-2010 exited to kindergarten regular education in 2010-2011
  - 14% of children served in preschool special education in 2010-2011 exited to kindergarten regular education in 2011-2012

Benchmark 2020:

- To be determined based on the examination of Arizona Department of Education data (recommended denominator is number of children age 3-5 enrolled in Part B services pre-kindergarten programs)

Key Measures to Monitor (sub-measures):

- As recommended:
  - Intensity of early intervention services received by children 36-60 months
  - Length of time of early intervention services received by children 36-60 months
  - Data reported by categories of disabilities or developmental delay

Other recommendations and considerations:

- Recommend that Indicator #6 be revised to state: #/% of children entering kindergarten exiting preschool special education to regular education
- Add BIE and IHS data if it is available

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #7:	**#/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)**
Recommended Change:	**#/% of children *age 2-4* at a healthy weight (Body Mass Index-BMI)**
Intent:	Increase the number of children who maintain a healthy body weight

Data sources considered:

- Arizona Women, Infants and Children (WIC) data (Arizona Department of Health Services)
- Navajo Nation WIC
- Pediatric Nutrition Surveillance Data (Centers for Disease Control)
- Healthy People 2020
- Indian Health Service WIC
- Arizona Health Care Cost Containment System (AHCCCS)

Data sources recommended for Benchmark:

- Arizona Women, Infants and Children (WIC) data (Arizona Department of Health Services) that will be collected through the DHS Health and Nutrition Delivery System (HANDS) annually beginning in 2014. HANDS will also include Navajo Nation WIC data.

Baseline:

- Pediatric Nutrition Surveillance System Data (PedNSS which is the CDC aggregate for the WIC data):
  - 2010: 65% of children age 2 at "normal weight"

Trend line:

- Pediatric Nutrition Surveillance System Data:
  - % "obese": 14.9% in 2007 and 14.2% in 2010 of children <age 5
  - % "overweight": 16.4% in 2007 and 15.7% in 2010 of children <age 5

Benchmark 2020:

- 70 – 75% of children *age 2-4* at a healthy weight (BMI)

Key Measures to Monitor (sub-measures):

- As recommended:
  - % of children age 2-4 and age 5-12 that are overweight
  - % of children age 2-4 and age 5-12 that are underweight
  - % of children age 2-4 and age 5-12 that are obese

Other recommendations and considerations:

- Recommend that Indicator #7 be revised to state: #/% of children *age 2-4* at a healthy weight (BMI)
- Recommend that the word "healthy weight" remain in the indicator instead of "normal weight" that is in the WIC data
- Recommend obtaining permission from tribal authorities to disaggregate the WIC data by race/ethnicity and zip code
- Recommend additional key measures to be monitored if possible through HANDs data (future name of current AZDHS data Pediatric Nutrition Surveillance System – PedNSS) to further sort by reasons for underweight- failure to thrive, anemia, congenital health issues and lack of food resources.

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #8:	**#/% of children receiving timely well child visits**
Recommended Change:	**#/% of children receiving *at least six well child visits within the first 15 months of life***
Intent:	Increase the number of children with consistent well child visits where there is higher opportunity for immunizations, appropriate screenings and early identification of development delays, other medical healthcare, and support for family members to understand their child's health

Data sources considered:

- Arizona Health Care Cost Containment System (AHCCCS) Data
- AHCCCS HEDIS (Healthcare Effectiveness and Information Data Set) Performance Standards
  - Acute Care
  - Developmental Disabilities
  - Childhood Immunizations
- National Survey of Children's Health
- Arizona Health Survey (St. Luke's Health Initiative)

Data sources recommended for Benchmark:

- Arizona Health Care Cost Containment System (AHCCCS) data collected annually
- Include Indian Health Services data if available

Baseline:

- AHCCCS Performance Data:
  - 2010: 64.1% of children receiving 6+ well-child visits within first 15 months

Trend line:

- AHCCCS Acute Care Performance Standard:
  - Performance Standard: 90% of children age 15 months receive well-child visits
- AHCCCS Performance Data:
  - 2006: 58% of children receiving 6+ well-child visits within first 15 months
  - 2007: 58.6% of children receiving 6+ well-child visits within first 15 months
  - 2008: 59.5% of children receiving 6+ well-child visits within first 15 months
  - 2009: 64.2% of children receiving 6+ well-child visits within first 15 months
  - 2010: 64.1% of children receiving 6+ well-child visits within first 15 months

Benchmark 2020:

- 75 – 80% of children receiving *at least six well-child visits within the first 15 months of life*

Key Measures to Monitor (sub- measures):

- As recommended:
  - #/% of children receiving 4:3:1:2:3:1:4 series of vaccinations by age 2 years of age
  - HEDIS data on well-child visits reimbursed by private insurance carriers

Other recommendations and considerations:

- Recommend that indicator #8 be revised to match the HEDIS language: #/% of children receiving *at least six well-child visits within the first 15 months of life*

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #9:	**#/% of children age 5 with untreated tooth decay**
Intent:	Increase the number of children who begin at an early age and regularly visit an oral health professional to receive preventive oral healthcare and services necessary to treat tooth decay

Data sources considered:

- Arizona Oral Health Survey (Arizona Department of Health Services)
- Indian Health Services Oral Health Survey
- Healthy People 2020
- Arizona Health Survey (St. Luke's Health Initiative)

Data sources recommended for Benchmark:

- Arizona Oral Health Preschool Survey conducted at a regular intervals
- Decay experience increases as age increases to 67% in 3rd grade (Arizona Oral Health Survey)

Baseline:

- 2007 Arizona Oral Health Survey:
  - 35% of Arizona Children untreated tooth decay at Kindergarten entry (Arizona Oral Health Survey)

Trend line:

- Tooth decay has increased in the past 10 years:
  - 1995; 49% of Arizona children age 4 had decay experience (Arizona Oral Health Survey)
  - 2007: 52% of Arizona child age 4 had decay experience (Arizona Oral Health Survey)

Benchmark 2020:

- 32%-34% of children age 5 with untreated tooth decay

Key Measures to Monitor (sub-measures):

- As recommended:
  - % of children age 5 with untreated tooth decay receiving care through Indian Health Services
  - % of American Indian children with untreated tooth decay at age 5

Other recommendations and considerations:

- The primary modification to the Arizona Oral Health Survey questions will be to expand the sample size to provide data at the regional/county level. Considerations should be made to assure consistent data collection, methods, inclusion of appropriate age groups and consistent protocols. The survey should be completed on a more regular and shorter interval.

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School Readiness Indicators
2020 State Level Benchmark Summary

Indicator #10:	**% of families who report they are competent and confident about their ability to support their child's safety, health and well being**
Intent:	Increase the number of families who report they are competent and confident to support their child

Data sources considered:

- First Things First Family and Community Survey

Data sources recommended for Benchmark:

- First Things First Family and Community Survey conducted every two - three years

Baseline:

- 2008 Family and Community Survey:
  - 20% of AZ parents are not aware that their child's first year impacts later school performance
  - 27% are not aware that children sense and react to parent emotions from birth
  - 21% are not aware that play is crucial for children under 10 months of age
  - 47% believe that a child's language benefits equally from watching TV versus talking to a real person

Trend line:

- No current trend line available

Benchmark 2020:

- The Family and Community Survey is designed to measure many critical areas of parent knowledge, skills, and practice related to their young children. There are questions on overall knowledge of the importance of early childhood, questions which gauge parent knowledge of specific ages and stages, parent behaviors with their children, as well as parent practices related to utilization of services for their families. The survey contains over sixty questions, many of them exploring multiple facets of parenting. This survey is complex because parenting is complex and requires many skills and extensive knowledge. It is critical however, that this early childhood indicator be one, clear number that represents a composite of critical parent knowledge, skills, and actions. It is recommend that specific skills and practices (such as TV watching and knowledge of specific ages and stages) be monitored as key measures. The benchmarks that the early learning and family support subcommittee worked on related to specific skills and practices will be the basis of those key measures. It is also recommend that once all the data from the 2012 Family and Community survey are received and analyzed, that a composite measure, which reflects multiple facets of parent knowledge, skills, and practice, be recommended. These results are anticipated in fall 2012.

Key Measures to Monitor (sub-measures):

- As recommended:
  - 10% of AZ parents are not aware that their child's first year impacts later school performance
  - 17% are not aware that children sense and react to parent emotions from birth
  - 11% are not aware that play is crucial for children under 10 months of age
  - 27% believe that a child's language benefits equally from watching TV versus talking to a real person

Other recommendations and considerations:

- Family Support Advisory Committee review and approve composite measure before finalizing in fall 2012
- Include other health and safety measures such as % of families who put children to sleep on their back; % of families that use car seats; indicator of knowledge of well-child care, immunizations and healthy weight